



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2004 8:00 am**  
**Secretary of State**

07-14-2004 90004 021 \*\*\*\*61.25

<b>DOCUMENT # N13738</b> 1. Entity Name <b>VICTORY WORSHIP CENTER, INC.</b>					
Principal Place of Business <b>VICTORY WORSHIP CENTER, INC.</b> <b>6637 COUNTY LINE RD.</b> <b>PLANT CITY, FL 33567 US</b>			Mailing Address <b>VICTORY WORSHIP CENTER, INC.</b> <b>6637 COUNTY LINE RD.</b> <b>PLANT CITY, FL 33567 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07052004 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number <b>59-2509313</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BASS, HOWARD</b> <b>5803 LEGACY CRESCENT PL.</b> <b>APT 204</b> <b>RIVERVIEW, FL 33569</b>				Name <b>Earleen J. Maxwell</b> Street Address (P.O. Box Number is Not Acceptable) <b>2613 Sundance Circle</b> City <b>Mulberry</b> <b>FL</b> Zip Code <b>33860</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.					
SIGNATURE <i>Earleen J. Maxwell</i> <b>Earleen J. Maxwell</b> <b>7-10-04</b> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating.) DATE)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>BASS, HOWARD</b> <b>5803 LEGACY CRESCENT PL.</b> <b>RIVERVIEW, FL 33569</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GONZALEZ, STEVE</b> <b>2001 HOLLOWAY RD</b> <b>PLANT CITY, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHROYER, BOB</b> <b>4327 MEIBROOK CT</b> <b>LAKELAND, FL 33813</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MURPHY, HOWARD</b> <b>1128 COWARD RD</b> <b>PLANT CITY, FL 33567</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVTS</b> <b>MAXWELL, EARLEEN</b> <b>2613 SUNDANCE CIRLCE</b> <b>MULBERRY, FL 33860</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Earleen J. Maxwell</i> <b>Earleen J. Maxwell</b> <b>7-10-04</b> <b>863-428-1417</b> <small>(Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #)</small>					